

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

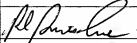
| | | |
|--|------------------------|-------------------|
| <h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p> | Application Number | 10/541,372 |
| | Filing Date | July 5, 2005 |
| | First Named Inventor | Arnold KELLER |
| | Art Unit | 3774 |
| | Examiner Name | A. M. Schillinger |
| Total Number of Pages in This Submission | Attorney Docket Number | 246472008200 |

ENCLOSURES (Check all that apply)

| | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> REQUEST FOR CONFIRMATION OF PRIORITY CLAIM |
|---|--|---|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP | | |
| Signature |  | | |
| Printed name | Barry E. Bretschneider | | |
| Date | April 24, 2009 | Reg. No. | 28,055 |